

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Marc Fishman

(List the full name(s) of the plaintiff(s)/petitioner(s).)

18 cv 282 (KMK) ()

-against-

NOTICE OF APPEAL

Office of Court Administration

New York State Courts, New York

(List the full name(s) of the defendant(s)/respondent(s).)

Dan Weitz and
Michelle D'Ambrosio

Notice is hereby given that the following parties:

Marc Fishman, plaintiff

(list the names of all parties who are filing an appeal)

in the above-named case appeal to the United States Court of Appeals for the Second Circuit

from the ☒ judgment ☐ order entered on:

3/6/2020
(date that judgment or order was entered on docket)

that:

Granted Motion to Dismiss all Plaintiff's
claims

(If the appeal is from an order, provide a brief description above of the decision in the order.)

Dated

4/3/2020

Signature

[Signature]

Name (Last, First, MI)

Fishman, Marc H.

Address

3200 Netherland Avenue Apt 6 Bronx NY 1046

City

State

Zip Code

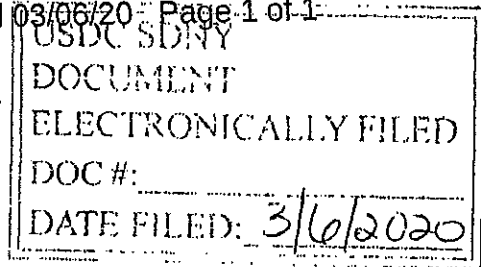
Telephone Number

(917) 837-3209

E-mail Address (if available)

rentdriver@gmail.com

* Each party filing the appeal must date and sign the Notice of Appeal and provide his or her mailing address and telephone number, EXCEPT that a signer of a pro se notice of appeal may sign for his or her spouse and minor children if they are parties to the case. Fed. R. App. P. 3(c)(2). Attach additional sheets of paper as necessary.



**UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK**

-----X
MARC FISHMAN,

Plaintiff,

-against-

18 CIVIL 282 (KMK)

JUDGMENT

OFFICE OF THE COURT ADMINISTRATION
NEW YORK STATE COURTS, et al.,
Defendants.
-----X

It is hereby **ORDERED, ADJUDGED AND DECREED:** That for the reasons stated in the Court's Opinion and Order dated March 5, 2020, both Motions to Dismiss are granted, and all of Plaintiff's claims are dismissed with prejudice; accordingly, the case is closed.

Dated: New York, New York
March 6, 2020

RUBY J. KRAJICK

Clerk of Court

BY:

K. Margo

Deputy Clerk

(914) 837-3209

17

re: 4/4/2020 email

Dee White Plains, Ct clerk: vic for 914-390-4090

Attached is my notice of appeal, D-P, Form
and Form Inproper application.

I mailed and emailed this to the court.
4/4/2020. Not sure if you received.

The US Postal Service Kingsbridge Office States
mail is delayed.

Am requesting you accept this facsimile
notice of appeal as timely.

Due to Coronavirus, and my disability, am
unable to travel to the court. I have
transverse brain injury and have difficulty understanding.
Wish to appeal.

Thanks Marc Fishman

4/8/2020



marc fishman <rentdriver@gmail.com>

In form pauperis 18-cv-00282kmk notice of appeal

marc fishman <rentdriver@gmail.com>

Sat, Apr 4, 8:35 PM

To: newcases@ca2.uscourts.gov <newcases@ca2.uscourts.gov> ,

prosecases@ca2.uscourts.gov <prosecases@ca2.uscourts.gov>

Bcc: Isabel Bolivar <isabel_bolivar2001@yahoo.com> , marc fishman <rentdriver@gmail.com>

In form pauperis application

Thank you

Marc Fishman 4/3/2020 9148373209



marc fishman <rentdriver@gmail.com>

Notice of appeal and inform pauperis 18-cv-00282-Km's

marc fishman <rentdriver@gmail.com>

Sat, Apr 4, 8:31 PM

To: newcases@ca2.uscourts.gov <newcases@ca2.uscourts.gov>,
prosecases@ca2.uscourts.gov <prosecases@ca2.uscourts.gov>

Bcc: Isabel Bolivar <isabel_bolivar2001@yahoo.com>, marc fishman <rentdriver@gmail.com>

Please accept my appeal. Am disabled and applying u for pauperis.

Lower court grantedinform pauperis.

Thank you

Marc Fishman, pro Se



marc fishman <rentdriver@gmail.com>

Pro Se appeal Fishman vs Office of Court Administration New York Courts

marc fishman <rentdriver@gmail.com>

Sun, Apr 5, 10:23 AM

To: newcases@ca2.uscourts.gov <newcases@ca2.uscourts.gov>,
prosecases@ca2.uscourts.gov <prosecases@ca2.uscourts.gov>

Cc: Lisa Evans Esq. <lievans@courts.state.ny.us>, Michael Berg Esq Atty General Atty For
Dambrosio <michael.berg@ag.ny.gov>

Bcc: Isabel Bolivar <isabel_bolivar2001@yahoo.com>, marc fishman
<rentdriver@gmail.com>

Form d-p required to be filed within fourteen days of appeal.

I already have transcript. Judge Karas gave to me as an american with disabilities act
accommodation to my memory impairment disabilities of traumatic brain injury, post
concussion syndrome and occipital neuralgia.

Please advise how you want me to get transcript to court. Is there a emailing address?

Please confirm receipt.

Thank you.


Marc Fishman, pro Se 9148373665

C: opposing counsel

**UNITED STATES COURT OF APPEALS
FOR THE SECOND CIRCUIT**

**CIVIL APPEAL TRANSCRIPT INFORMATION (FORM D-P)
FOR PRO SE APPELLANTS**

A PRO SE APPELLANT MUST FILE THE ORIGINAL OF THIS FORM WITH THE CLERK OF THE SECOND CIRCUIT IN ALL CIVIL APPEALS WITHIN 14 CALENDAR DAYS AFTER FILING A NOTICE OF APPEAL.

THIS SECTION MUST BE COMPLETED BY APPELLANT		
CASE TITLE Fishman versus Office of Court Administration NY State Courts	DISTRICT Southern District of NY JUDGE Ken Keres COURT REPORTER Sabrine A. D'Emidio	DOCKET NUMBER 18-CV-00282-KMK APPELLANT Marc Fishman PRO SE APPELLANT Marc Fishman, Pro Se
Check the applicable provision: <input type="checkbox"/> I am ordering a transcript. <input checked="" type="checkbox"/> I am not ordering a transcript. Reason for not ordering a transcript: <input checked="" type="checkbox"/> Copy is already available <input type="checkbox"/> No transcribed proceedings <input type="checkbox"/> Other (Specify in the space below):	PROVIDE A DESCRIPTION, INCLUDING DATES, OF THE PROCEEDINGS FOR WHICH A TRANSCRIPT IS REQUIRED (i.e., oral argument, order from the bench, etc.) Judge Ken Keres already provided me with a transcript from Court reporter Sabrine D'Emidio dated 6/11/2018 As Accommodation for my disabilities. That was only hearing. METHOD OF PAYMENT <input type="checkbox"/> Funds <input type="checkbox"/> CJA Voucher (CJA 21)	
INSTRUCTIONS TO COURT REPORTER: <input type="checkbox"/> PREPARE TRANSCRIPT OF PRE-TRIAL PROCEEDINGS <input type="checkbox"/> PREPARE TRANSCRIPT OF TRIAL <input type="checkbox"/> PREPARE TRANSCRIPT OF OTHER POST- TRIAL PROCEEDINGS <input type="checkbox"/> OTHER (Specify in the space below):	DELIVER TRANSCRIPT TO: (APPELLANT'S NAME, ADDRESS, TELEPHONE) Marc Fishman 3200 Netherland Ave Apt G Bronx, NY 10463 Pro Se	
<p>If a transcript is ordered, I certify that I have sent this form to the court reporter and have made satisfactory arrangements with the court reporter for payment of the cost of the transcript. See FRAP 10(b). I understand that unless I have already ordered the transcript, I shall order its preparation at the time required by FRAP and the Local Rules.</p>		
APPELLANT'S SIGNATURE 	DATE 4/4/2020	
COURT REPORTER ACKNOWLEDGMENT: This section is to be completed by the court reporter. Return one copy to the Clerk of the Second Circuit.		
DATE ORDER RECEIVED	ESTIMATED COMPLETION DATE	ESTIMATED NUMBER OF PAGES
SIGNATURE OF COURT REPORTER		DATE

180611fishmanC

Conference

1 UNITED STATES DISTRICT COURT
2 SOUTHERN DISTRICT OF NEW YORK

3 MARC H. FISHMAN,

4 Plaintiff,

5 v.

18 Civ. 282 KMK

6 OFFICE OF COURT
7 ADMINISTRATION,
8 NY STATE COURTS,

9 Defendant.

10 United States Courthouse
11 White Plains, N.Y.
12 June 11, 2018
13 4:30 p.m.

14 Before:

15 THE HONORABLE KENNETH M. KARAS,

16 District Judge

17 APPEARANCES

18 MARC H. FISHMAN, Pro Se Plaintiff

19 NY STATE OFC. COURT ADMINISTRATION
20 Attorney for Defendant Office of Court Administration
21 LISA EVANS

22 ALSO PRESENT: Isabel Bolivar, Note taker
23
24
25



marc fishman <rentdriver@gmail.com>

**Activity in Case 7:18-cv-00282-KMK Fishman v. Office of Court
Administration New York State Courts Clerk's Judgment**

<NYSD_ECF_Pool@nysd.uscourts.gov>
To: <CourtMail@nysd.uscourts.gov>

Fri, Mar 6, 10:05 AM

This is an automatic e-mail message generated by the CM/ECF system. Please DO NOT RESPOND to this e-mail because the mail box is unattended.

*****NOTE TO PUBLIC ACCESS USERS***** There is no charge for viewing opinions.

U.S. District Court

Southern District of New York

Notice of Electronic Filing

The following transaction was entered on 3/6/2020 at 10:05 AM EST and filed on 3/6/2020

Case Name: Fishman v. Office of Court Administration New York State Courts

Case Number: 7:18-cv-00282-KMK

Filer:

Document Number: 85

Docket Text:

CLERK'S JUDGMENT re: [84] Memorandum & Opinion in favor of New York State Unified Court System, Office of Court Administration New York State Courts, Dan Weisz, Michelle D'Ambrosio, Nancy J. Barry against Marc Fishman. It is hereby ORDERED, ADJUDGED AND DECREED: That for the reasons stated in the Court's Opinion and Order dated March 5, 2020, both Motions to Dismiss are granted, and all of Plaintiff's claims are dismissed with prejudice; accordingly, the case is closed. (Signed by Clerk of Court Ruby Krajick on 3/6/2020) (Attachments: # (1) Right to Appeal) (km) Transmission to Docket Assistant Clerk for processing.

7:18-cv-00282-KMK Notice has been electronically mailed to:

Lee Alan Adlerstein ladlerst@nycourts.gov, ecarr@nycourts.gov,
jlee@courts.state.ny.us

Michael Adam Berg michael.berg@ag.ny.gov, OAGLitD@ag.ny.gov

Lisa M Evans lievans@courts.state.ny.us, jlee@courts.state.ny.us

Marc Fishman rentdriver@gmail.com

7:18-cv-00282-KMK Notice has been delivered by other means to:

The following document(s) are associated with this transaction:

Document description:Main Document

Original filename:n/a

Electronic document Stamp:

[STAMP dcecfStamp_ID=1008691343 [Date=3/6/2020] [FileNumber=23681346-0
] [5479d187418fe4c89693897ef0b77982b592ffee2b8fc907ee1eca02b331ee71e13
e2f7022aa27289dfab29f9e56a0c92805fddb429db0126541eda63bb5dca]]

Document description: Right to Appeal

Original filename:n/a

Electronic document Stamp:

[STAMP dcecfStamp_ID=1008691343 [Date=3/6/2020] [FileNumber=23681346-1
] [6dddcdb6d17b224485778ade23791539c7b505cfa902b6432fbb82c8b64ced4c1a30
8eb5b3e1cd6e02bfa8728fbdf6619f14aadb7a7c5973927727f6559f412c3]]

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Marc Fishman

(List the full name(s) of the plaintiff(s)/petitioner(s).)

18 cv 282 (KMK) ()

-against-

**MOTION FOR LEAVE TO
PROCEED IN FORMA
PAUPERIS ON APPEAL**

Office of the Court Administration

New York State Courts, New York

(List the full name(s) of the defendant(s)/respondent(s).) Don Wentz,
Michelle Dambrosio

I move under Federal Rule of Appellate Procedure 24(a)(1) for leave to proceed *in forma pauperis* on appeal. This motion is supported by the attached affidavit.

4/3/2020

Dated

[Signature]

Signature

Fishman, Marc H.

Name (Last, First, MI)

3200 Netherland Ave Apt G Bronx NY 10463

Address

City

State

Zip Code

(914) 837 3209

Telephone Number

rentdriver@gmail.com

E-mail Address (if available)

Granted in full Perpetis District Court with Judge (Kearney)
Application to Appeal In Forma Pauperis

Fishman v. *OCA F+AI* Appeal No. _____

District Court or Agency No. _____

Affidavit in Support of Motion I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct. (28 U.S.C. § 1746; 18 U.S.C. § 1621.) Signed: <u><i>[Signature]</i></u>	Instructions Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number. Date: <u><i>4/3/2020</i></u>
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My issues on appeal are: (required): *Denial of American with Disabilities Act Accommodations, retaliation by State Court for my disabilities and Disability Discrimination Against me and My disabled sons*

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly amount during the past 12 months		Amount expected next month	
	You	Spouse	You	Spouse
Employment	\$ 0	\$	\$ <i>2000</i>	\$
Self-employment	\$ <i>3000</i>	\$	\$	\$
Income from real property (such as rental income)	\$ <i>1000</i>	\$ <i>Divorced</i>	\$ <i>1000</i>	\$ <i>Divorced</i>

Interest and dividends	\$ 0	\$	\$ 0	\$
Gifts	\$ 0	\$	\$ 0	\$
Alimony	\$ 0	\$	\$ 0	\$
Child support	\$ 0	\$	\$ 0	\$
Retirement (such as social security, pensions, annuities, insurance)	\$ 0	\$	\$ 0	\$
Disability (such as social security, insurance payments)	\$ 0	\$	\$ 0	\$
Unemployment payments	\$ 0	\$	\$ 0	\$
Public-assistance (such as welfare)	\$ 0	\$	\$ 0	\$
Other (specify): No Fault	\$ 300	\$	\$ 0	\$
Total monthly income:	\$ 4,300	\$ 0	\$ 3,000	\$ 0

2. List your employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
Self Employed	3200 Nethell	7/10 to Present	\$ 3000
Paul Esch	Ave Bx NY 10463		\$
			\$

3. List your spouse's employment history for the past two years, most recent employer first. (Gross monthly pay is before taxes or other deductions.)

Employer	Address	Dates of employment	Gross monthly pay
N/A			\$
Divorced			\$
			\$

4. How much cash do you and your spouse have? \$ 1,000

Below, state any money you or your spouse have in bank accounts or in any other financial institution.

Financial Institution	Type of Account	Amount you have	Amount your spouse has
Csp One	Checking	\$1,000	
		\$	\$
		\$	\$
		\$	\$

If you are a prisoner seeking to appeal a judgment in a civil action or proceeding, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

5. List the assets, and their values, which you own or your spouse owns. Do not list clothing and ordinary household furnishings.

Home	Other real estate	Motor vehicle #1
(Value) \$ None	(Value) \$ 70K	(Value) \$ No Car Owned
	Renel Apt.	Make and year:
		Model:
		Registration #:

Motor vehicle #2	Other assets	Other assets
(Value) \$	(Value) \$	(Value) \$
Make and year:		
Model:		
Registration #:		

6. State every person, business, or organization owing you or your spouse money, and the amount owed.

Person owing you or your spouse money	Amount owed to you	Amount owed to your spouse
None	\$	\$
	\$	\$
	\$	\$
	\$	\$

7. State the persons who rely on you or your spouse for support. (4 kids)

Name [or, if a minor (i.e., underage), initials only]	Relationship	Age
Joanne Fishman	Daughter	16
Jacob Fishman	Son	17
Skye Fishman	Son	12
Aiden Fishman	Son	12

8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Your Spouse
Rent or home-mortgage payment (including lot rented for mobile home)	\$ 1,100	
Are real estate taxes included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is property insurance included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Utilities (electricity, heating fuel, water, sewer, and telephone)	\$ 200	
Home maintenance (repairs and upkeep)	\$ 0	
Food	\$ 800	
Clothing	\$ 100	
Laundry and dry-cleaning	\$ 100	
Medical and dental expenses	\$ 2,000	

- 4 -
Am Disabled with Neurostimulator Implants

Transportation (not including motor vehicle payments)	\$ 100	\$ 1
Recreation, entertainment, newspapers, magazines, etc.	\$ 0	\$
Insurance (not deducted from wages or included in mortgage payments)		
Homeowner's or renter's:	\$	\$
Life:	\$ 300	\$
Health:	\$ 130	\$
Motor vehicle:	\$ 0	\$
Other:	\$ 0	\$
Taxes (not deducted from wages or included in mortgage payments) (specify):	\$ 1500	\$
Installment payments		
Motor Vehicle:	\$ 0	\$
Credit card (name): Chase, Capital One, Discover	\$ 800	\$
Department store (name):	\$ 0	\$
Other:	\$ 0	\$
Alimony, maintenance, and support paid to others	\$ 0	\$
Regular expenses for operation of business, profession, or farm (attach detailed statement)	\$ 200	\$
Other (specify):	\$ 0	\$
Total monthly expenses:	\$ 8330	\$ 0

9. Do you expect any major changes to your monthly income or expenses or in your assets or liabilities during the next 12 months?

☒ Yes

☐ No

If yes, describe on an attached sheet.

Higher Debt
Due to inability to work due to Covid

10. Have you spent — or will you be spending — any money for expenses or attorney fees in connection with this lawsuit? ☐ Yes ☒ No

If yes, how much? \$ _____

None

11. Provide any other information that will help explain why you cannot pay the docket fees for your appeal.

Am disabled, Have high medical
therapy and dental bills due to Car
Accident

12. Identify the city and state of your legal residence.

City Bronx State NY

Your daytime phone number: (914) 837 3208

Your age: 47 Your years of schooling: 14

Last four digits of your social-security number: 8611